SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM APPLICANT(S) 09/868248 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER
1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. IND. <u>15</u> **2** A 5.. 32 : :3 :6 :8 TAL TOTAL TOTAL DEP. TOTAL क्ष व OMAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT of COMMERCE POTENT OF THE POTENT OF

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